the Pink One newsletter - edition 139 June 2026

The Pink One newsletter is intended for prescribers in North Highland. It is edited by the Highland Formulary Team and published under the auspices of NHS Highland Area Drug and Therapeutics Committee. This and previous editions are available via TAM.

If you would like to raise awareness of any medicine or prescribing issues then why not write a short feature for the *Pink One? We are considering articles for the next issue and would like to hear from you, contact nhsh.formulary@nhs.scot*.

- *Tips: To jump to an article, click the button on the bottom left of your screen.*
- *To print, click the 3 dots at the top right.*

1. Update: DMARD Monitoring Guidance
2. Lidocaine 5% plasters

3. Diabetic ketoacidosis (DKA) in patients prescribed SGLT2 inhibitors
4. Nexplanon: change of licence
5. **NEW** Midwifery formulary
6. Valproate: Primary care tool to support specialist review
7. **NEW** Examination of the cervix: Common findings
8. Respiratory firsts
9. Ascorbic acid (vitamin C): more expensive than you think!
10. Levonorgestrel 20 micrograms/24 hours IUD: Levosert versus Mirena
11. Herbal medicine and complementary product enquiries
12. Rambling with Care: Dr Peel, new SMC Chair
13. The Green One
14. Updates

Update: DMARD Monitoring Guidance

NICE CKS guidance on DMARD monitoring has recently been updated, introducing a risk-based approach following BSR guidelines. This represents a change from current local arrangements.

A cross-system review with prescribing specialties and primary care is underway to agree how this should be applied within NHS Highland.

In the meantime, clinicians should continue to follow existing local monitoring arrangements in order to minimise any confusion which may inadvertently impact on patient safety.

Links to national guidance within the TAM DMARD monitoring in Primary Care (Guidelines) are for reference and do not in themselves indicate a change to local practice.

A further update will follow.

Claire Copeland, Deputy Medical Director: claire.copeland@nhs.scot *and Patricia Hannam, Formulary Pharmacist:* patricia.hannam@nhs.scot

Lidocaine 5% plasters

Lidocaine plasters have been added to the Highland Formulary for the following indications ONLY:

1. Post-herpetic neuralgia for patients who are intolerant of first-line systemic therapies or in whom these therapies have been ineffective, in line with the SMC recommendation.
2. 'Off-label' in line with the Scottish Palliative Care guideline.

There is limited evidence for use of lidocaine plasters and they are classed as items of limited clinical effectiveness. Lidocaine patches are NOT recommended to be prescribed for other indications.

- Patients should be advised that this is a short-term treatment.
- Expected treatment duration: 4 to 6 weeks.
- Patients are to be actively reviewed and treatment stopped when there is no perceived effect.

For further prescribing information, see Non-opioid analgesics (Formulary: CNS) | Right Decisions

Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice): findlay.hickey2@nhs.scot

Diabetic ketoacidosis (DKA) in patients prescribed SGLT2 inhibitors

We are seeing a notable rise in MHDU admissions with diabetic ketoacidosis (DKA) in patients prescribed SGLT2 inhibitors, particularly during episodes of intercurrent illness (including influenza, diarrhoea and vomiting, and wound infections).

A consistent finding across these recent cases is that patients were unaware that SGLT2 inhibitors should be stopped during periods of acute illness. As a result, several have presented with DKA despite only mild hyperglycaemia or no hyperglycaemia.

Key Reminder for Prescribers

SGLT2 inhibitors (eg empagliflozin, dapagliflozin, canagliflozin) are Sick Day Rule medications.

Please ensure that:

- Patients are advised to temporarily stop SGLT2 inhibitors during any significant acute illness, including infections, vomiting/diarrhoea, or situations of reduced oral intake.
- Clear sick day rules are documented and communicated at initiation and at medication review.

Patients on SGLT2 inhibitors should be advised to attend A&E urgently if they:

- Develop tummy pain, nausea, vomiting, or sweet-smelling breath – possible features of DKA, even if blood glucose is not markedly elevated.
- Feel very tired, unwell, or confused.
- Develop pain, redness, or swelling around the genitals, which may indicate a serious infection such as Fournier's gangrene.

Early recognition and appropriate sick day advice can significantly reduce preventable admissions and complications.

See: Medication Sick Day Guidance card.

Catriona Wheelan, Lead Pharmacist Respiratory and Gastroenterology: catriona.wheelan@nhs.scot

Nexplanon: change of licence

Etonogestrel (Nexplanon®) is now licensed for 5 years (previously 3 years). See: CoSRH CEU statement_Nexplanon.pdf.

Dr Hame Lata, Consultant, Sexual & Reproductive Health: hame.lata@nhs.scot

NEW Midwifery formulary

NHS Highland has introduced a Midwife Exemption Formulary, providing clear direction and guidance to all practicing Midwives and Midwifery students in NHS Highland. The Midwife Exemption Formulary can be accessed on TAM and via link here: Midwife exemption formulary (Formularies) | Right Decisions.

Legally, Midwives have exemptions that allows them to supply and/or administer certain medicines without a prescription in accordance with Human Medicines Regulations and Nursing and Midwifery Council (NMC) guidance: Practising as a midwife. Yet, locally and

nationally, it was recognised there wasn't up to date clear direction for Midwives regarding exemptions in clinical practice and specific to individual health boards.

The newly developed NHSH midwife exemption formulary aims:

- To ensure that Midwives & Student Midwives safely administer those medicines which their legal status exempts them from the need for a prescription from an authorised prescriber or without the need for a specific Patient Group Direction to women during the antenatal, labour and postnatal periods and to neonates.
- To list medicines that Midwives & Student Midwives can administer in the course of their professional practice under Medicines Act exemptions.

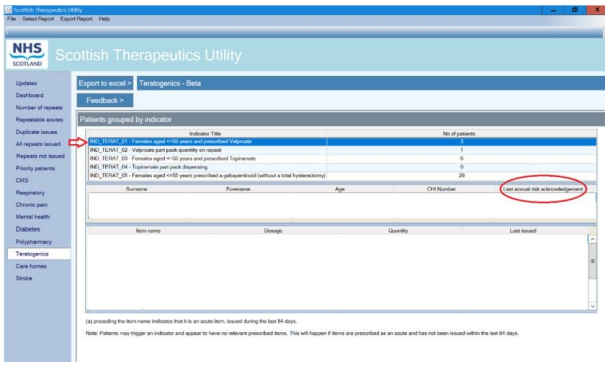
Ayleen Austin, Lead Midwife for Midwife Led Care for NHS Highland North: ayleen.austin@nhs.scot

Valproate: Primary care tool to support specialist review

To support Prevent, the Valporate Pregnancy Prevention Programme, the Scottish Therapeutics Utility (STU) have introduced new indicators:

- IND_TERAT_01 Females aged ≤55years and prescribed Valproate
- IND_TERAT_02 Valporate part pack quantity on repeat.

On receipt of a copy of the Annual Risk Acknowledgement form from Secondary care, if the Read code: **#9KE.00 Valproate Annual Risk Acknowledgement Form completed** is entered into the patient's journal, this date will be displayed in the STU search results (see image below). This search can then be used to identify patients to refer to specialist if their annual review is overdue.



Pharmacotherapy staff attached to your practice can advise you if you are not familiar with STU. STU provides a number of prescribing searches that support the Scottish Government Quality Prescribing guides and Polypharmacy reviews.

Katharine Fok, Primary Care Clinical Pharmacist : katharine.fok@nhs.scot

NEW Examination of the cervix: Common findings

A useful cervix chart with pictures has been added to TAM for sample takers in Primary Care Examination of the cervix: Common findings (Guidelines) | Right Decisions.

Patricia Hannam, Formulary Pharmacist: patricia.hannam@nhs.scot

Respiratory firsts

The Adult and Paediatric Respiratory Teams in NHS Highland have been working hard locally and nationally to keep NHS Highland patients at the fore front of evidence based medicine.

- NHS Highland was the first Scottish Health Board to develop asthma pathways in adults and adolescents based on the new BTS/NICE/SIGN guidelines. These involve a large change in clinical practice introducing AIR (Anti-inflammatory reliever) and

MART (Maintenance and reliever therapy) pathways. Please read the new guidelines on TAM:

  - Asthma in adults (Guidelines) | Right Decisions
  - Asthma in children aged 6 to 15 years old (Paediatric Guidelines) | Right Decisions
  - Asthma in children aged 2 to 5 years (Paediatric Guidelines) | Right Decisions

- NHS Highland have also been the forerunner over the last few years in making the Severe Asthma guidance available within the Health Board.
  - nhs-scotland-severe-asthma-pathway-february-2026.pdf (Available within the Asthma in adults guidance on TAM).
- Trixeo® Aerosphere now uses a next generation propellant, which has the same carbon footprint as a dry powder inhaler (DPI), maintaining efficacy while reducing environmental impact. NHS Highland Respiratory Team were the first to supply this inhaler to a patient in their care, not just in Scotland, but world-wide.

See: MHRA approves world's first low-carbon version of COPD inhaler Trixeo Aerosphere - GOV.UK.

To note that COPD guidance is currently under review and updated guidance will be available soon.

Patricia Hannam, Formulary Pharmacist: patricia.hannam@nhs.scot

Ascorbic acid (vitamin C): more expensive than you think!

The number of prescriptions for ascorbic acid has almost doubled over the past two years. It is surprisingly expensive to prescribe. In just three months last year (September to October), there were 138 prescriptions for ascorbic acid preparations costing a total of over £14,000. That's an average of £106 per item, with 200 mg and 500 mg (the most commonly prescribed) tablets being particularly expensive.

Here are the ascorbic acid preparations included in the Scottish Drug Tariff and their current prices (April 2026):

- Ascorbic acid 100 mg tablets (28) - £44.80
- Ascorbic acid 200 mg tablets (28) - £70.00
- Ascorbic acid 100 mg tablets (28) - £55.00

Community pharmacies and retailers that sell health products sell a wide range of Vitamin C (ascorbic acid) preparations. Some are very inexpensive, with 500 mg (30) being available for as little as £0.99 to whatever someone might be prepared to pay: Highland HSCP is paying an average of £158 per dispensed prescription.

The Highland Formulary has been amended to include ascorbic acid for the following indications only:

- Prevention and the treatment of scurvy, see BNF for dosage.
- If at risk of deficiency as per NHS Highland Refeeding Syndrome guidance.

Actions

- Repeat prescriptions for ascorbic acid in primary care should be reviewed to ensure prescribing is in line with these recommendations.
- Patients wishing vitamin supplementation as a supplement to a balanced diet should be advised of food sources of vitamin C. Over-the-counter preparations are available to buy for those who feel the need of additional vitamin C.

Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice): findlay.hickey2@nhs.scot

Levonorgestrel 20 micrograms/24 hours IUD: Levosert versus Mirena

The Highland Formulary highlights that Levosert is the more cost-effective preparation (£66 versus £88). Despite this, almost all prescriptions in Highland HSCP continue to written as Mirena.

- Practices with ScriptSwitch installed will get this message at the point of prescribing. Please accept this recommendation.
- If your practice doesn't have access to ScriptSwitch; please remember to prescribe Levosert.

Findlay Hickey, Principal Pharmacist (Medicines Management and Prescribing Advice): findlay.hickey2@nhs.scot

Herbal medicine and complementary product enquiries

The NHS Highland Medicines Information Service is no longer accepting enquiries relating to herbal or complementary products and as of 1st April 2026, the service no longer has access to the Natural Medicines Database.

As a service committed to evidence-based practice, we are unable to provide clinical advice or recommendations relating to herbal medicines or nutritional supplements. These are not endorsed, prescribed or supplied through the NHS. Our primary responsibility is to safeguard

patient wellbeing by promoting treatments that are supported by robust scientific evidence and regulatory approval. These enquiries are extremely time-consuming for our staffing resources, taking time away from other appropriate medicine-related enquiries, and in the majority of cases there is no available credible or robust data from which to draw conclusions about safety.

If you would still like information about complementary products, The Specialist Pharmacy Services Website (www.sps.nhs.uk) has published a series of useful information articles to assist healthcare professionals when dealing with queries which relate to complementary remedies, such as herbal or dietary supplements. In addition, there is access to the Herbal Medicines resource via Medicines Complete. Please find the SPS link below; we hope you find this information helpful should you wish to undertake an independent assessment to aid discussions with your patient.

- Complementary products: resources to support answering questions – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice
- MedicinesComplete — Browse BROWSE > Herbal Medicines and Dietary Supplements > Publication Home

Lauren Stevenson, Pharmacist, Medicines Information Service & Highland Sexual Health: lauren.stevenson@nhs.scot

Rambling with Care: Dr Rob Peel, new SMC Chair

What's your background?

I was brought up in York and studied medicine at St George's Hospital Medical School - home of '24 Hours in A&E'. I'm a renal physician based in Inverness, specifically covering Wick and Skye dialysis units and clinics.

What is your role in SMC?

I have been Chair of the New Drugs Committee and I am now about to step into the role of SMC Chair. My key role as NDC Chair was working with the SMC assessment teams to bring each medicine to NDC for discussion to refine advice before being discussed at SMC. I also presented submissions to SMC on a regular basis. In the event of not recommended advice, I was one member of a team who met with the company to discuss options for a resubmission that could result in the medicine being accepted for use in Scotland.

What are the most enjoyable and most challenging elements of what you do within SMC?

Hospital medicine is immensely rewarding but challenging, and it is great to have another role with a very different, but important focus. It is stimulating working with all the talents in the SMC team. I really feel that our work makes a difference.

My SMC work up to now has been cyclical. I would have a very busy two weeks around the end and beginning of each month preparing for, and chairing NDC and then editing the detailed advice documents, then immediately preparing for the SMC meeting the following week. Never a dull moment.

Dr Rob Peel, Consultant Nephrologist: robert.peel@nhs.scot

The Green One

Thank you to the team at Highland Sexual Health for the link to MCF Formulary

The Medicine Carbon Footprint Formulary gives standardised per dose carbon footprint ratings for thousands of medicines.

This will be used to support the formulary submission process, alongside EU Environmental risk assessments, Janus info and FASS websites to help reduce the environmental impact of the Highland Formulary.

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Updates

You can access the up-to-date Highland Formulary and guidance on the NHS Highland TAM app and its associated apps for iOS and Android devices.

FORMULARIES

1 - See Highland Formulary updates on TAM.

THERAPEUTIC GUIDELINES

2 - See TAM guideline updates on TAM.